

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Service Employees International Union, United Healthcare Workers West (Nonprofit 501(c)(5)) - Yes on 8 - Californians for Kidney Dialysis Patient Protection			Date of This Filing <u>10/24/2018</u>	Date Stamp Page 1 of 2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (510)251-1250	I.D. NUMBER (if applicable) 1373047	Report No. <u>102418A</u>			
STREET ADDRESS 					
CITY Oakland	STATE CA	ZIP CODE 94612	<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
			No. of Pages <u>2</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Oakland			STATE CA	ZIP CODE 94612	No. of Pages 2

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
10/23/2018	Yes on 8 - Californians for Kidney Dialysis Patient Protection, Sponsored by Service Employees International Union - United Healthcare Workers West Los Angeles, CA 90017-5864 ID# 1398274	Limits on Dialysis Clinics' Revenue and Required Refunds Initiative(8) Statewide	\$400,000.00	11/06/2018

Reason for Amendment: